

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

RECEIVED
JUL 26 2013

| | | |
|--------------|----------|---------|
| Permit #: | 13-00003 | ENTERED |
| Date: | 8-1-13 | |
| Amount Paid: | 75.00 | |
| Refund: | None | |

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Bayfield Co. Zoning Dept.
HOW TO FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning.asp)

TYPE OF PERMIT REQUESTED: ☒ LAND USE ☐ SANITARY ☐ PRIVY ☐ CONDITIONAL USE ☐ SPECIAL USE ☐ B.O.A. ☐ OTHER

Owner's Name: Bradley/Elizabeth Flemmen Mailing Address: 5307 So. Swamp Rd South Range, WI City/State/Zip: 54874 Telephone: None

Address of Property: the 5th Street #4865 City/State/Zip: Port Wing, WI 54865 Cell Phone: 715 919 0000

Contractor: None Contractor Phone: None Plumber: None Plumber Phone: None

Authorized Agent: None (Person Signing Application on behalf of Owner(s)) Agent Phone: None Agent Mailing Address (include City/State/Zip): None Written Authorization Attached: ☐ Yes ☒ No

| | | | |
|------------------|---|--------------------------------------|---|
| PROJECT LOCATION | Legal Description: (Use Tax Statement) | PIN: (23 digits) 04-048-2-50-08-28-3 | Recorded Document: (i.e. Property Ownership) Volume <u>884</u> Pages <u>620</u> |
| <u>1/4, 1/4</u> | Gov't Lot <u>1</u> Lot(s) <u>1</u> CSM <u>1</u> Vol & Page <u>1</u> Lot(s) No. <u>1</u> Block(s) No. <u>1</u> | Subdivision: <u>JHF ACRES</u> | Lot Size <u>1.430</u> Acres |

| | | | |
|---|---|---|---|
| Section <u>Port Wing, WI</u> , Township <u>Port Wing, WI</u> , Range <u>Port Wing, WI</u> , W | Distance Structure is from Shoreline: <u>Port Wing, WI</u> feet | Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|---|---|---|---|

| | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> Non-Shoreland | <input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? <input type="checkbox"/> If yes--continue <input checked="" type="checkbox"/> | Distance Structure is from Shoreline: <u>Port Wing, WI</u> feet | Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|---|---|---|---|

| | | | | | | |
|---|---|---|--|---|---|--|
| Value at Time of Completion * include donated time & material | Project (What are you applying for?) | # of Stories and/or basement | Use | # of bedrooms | What Type of Sewer/Sanitary System Is on the property? | Water |
| <u>\$ 7,000.00</u> | <input checked="" type="checkbox"/> New Construction <input type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Run a Business on Property | <input checked="" type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement <input checked="" type="checkbox"/> Foundation | <input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round <input checked="" type="checkbox"/> Storage | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> None | <input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input type="checkbox"/> Sanitary (Exists) <input type="checkbox"/> Privy (Pit) or Vented (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input checked="" type="checkbox"/> Compost Toilet <input checked="" type="checkbox"/> None | <input type="checkbox"/> City <input type="checkbox"/> Well <input checked="" type="checkbox"/> None |

| | | | |
|---|-------------------|------------------|-------------------|
| Existing Structure: (if permit being applied for is relevant to it) | Length: <u>20</u> | Width: <u>12</u> | Height: <u>12</u> |
|---|-------------------|------------------|-------------------|

| | | | |
|---|--|----------------|----------------|
| Proposed Use | Proposed Structure | Dimensions | Square Footage |
| <input checked="" type="checkbox"/> Residential Use | Principal Structure (first structure on property) | <u>12 x 20</u> | <u>240'</u> |
| <input type="checkbox"/> Commercial Use | Residence (i.e. cabin, hunting shack, etc.) | <u>12 x 20</u> | <u>240'</u> |
| <input type="checkbox"/> Municipal Use | with a Loft | <u>12 x 20</u> | <u>240'</u> |
| | with a Porch | <u>12 x 20</u> | <u>240'</u> |
| | with (2nd) Deck | <u>12 x 20</u> | <u>240'</u> |
| | with Attached Garage | <u>12 x 20</u> | <u>240'</u> |
| | Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities | <u>12 x 20</u> | <u>240'</u> |
| | Mobile Home (manufactured date) | <u>12 x 20</u> | <u>240'</u> |
| | Addition/Alteration (specify) | <u>12 x 20</u> | <u>240'</u> |
| | Accessory Building (specify) | <u>12 x 20</u> | <u>240'</u> |
| | Accessory Building Addition/Alteration (specify) | <u>12 x 20</u> | <u>240'</u> |
| | Special Use: (explain) | <u>12 x 20</u> | <u>240'</u> |
| | Conditional Use: (explain) | <u>12 x 20</u> | <u>240'</u> |
| | Other: (explain) | <u>12 x 20</u> | <u>240'</u> |

Rec'd for Issuance AUG 01 2013

Secretarial Staff FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

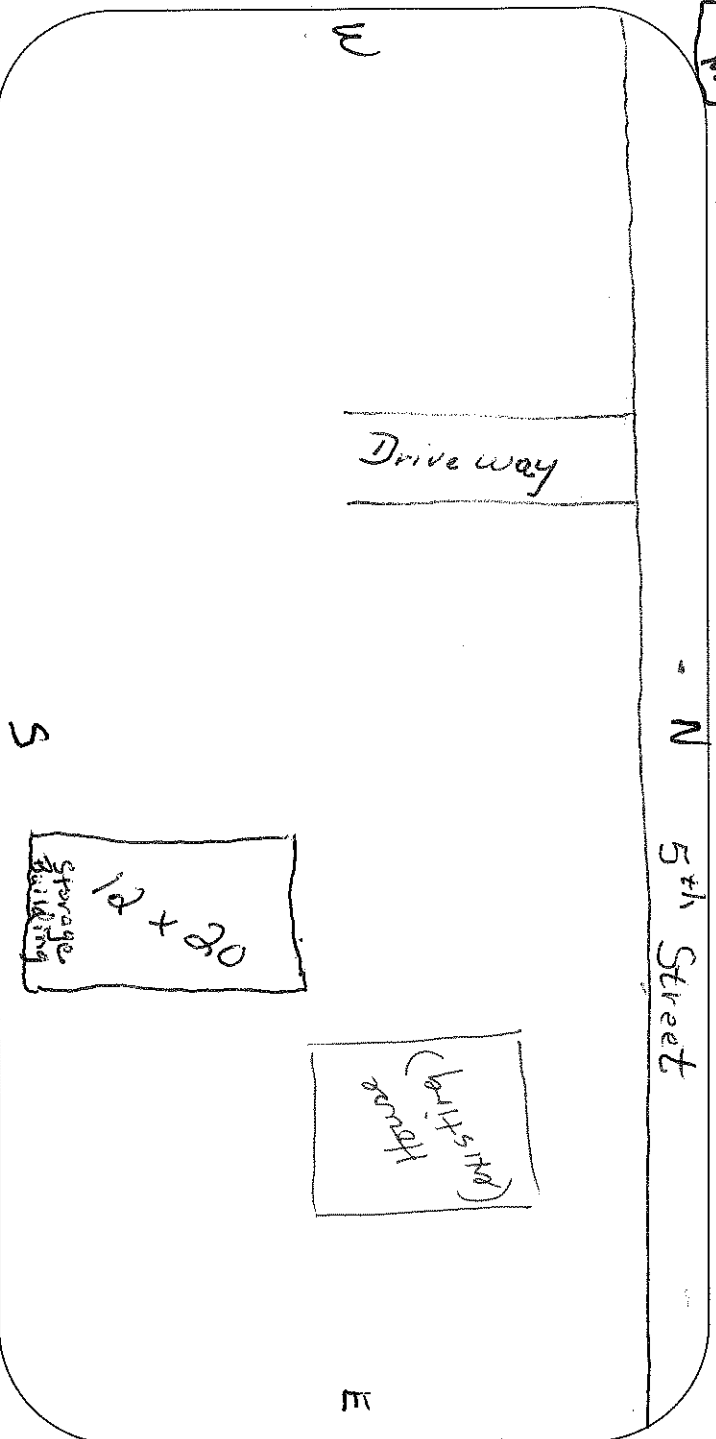
Owner(s): Bradley & Elizabeth Flemmen & Brad & Elizabeth Date 7-26-2013

Authorized Agent: None (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit None (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Box below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
(2) Show / Indicate: North (N) on Plot Plan
(3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
(4) Show: All Existing Structures on your Property
(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%



Please complete (1) – (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

| Description | Measurement | Description | Measurement |
|---|-------------|--|---------------|
| Setback from the Centerline of Platted Road | 170 Feet | Setback from the Lake (ordinary high-water mark) | 2 miles East |
| Setback from the Established Right-of-Way | 160 Feet | Setback from the River, Stream, Creek | 1/2 mile East |
| Setback from the North Lot Line | 170 Feet | Setback from the Bank or Bluff | PA |
| Setback from the South Lot Line | 300 Feet | Setback from Wetland | 1/4 |
| Setback from the West Lot Line | 45 Feet | Setback from 20% Slope Area | 1/4 |
| Setback from the East Lot Line | 30 Feet | Elevation of Floodplain | 1/4 |
| Setback to Septic Tank or Holding Tank | 1/4 | Setback to Well | 1/4 |
| Setback to Drain Field | 1/4 | | |
| Setback to Privy (Portable, Composting) | 1/4 | | |

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

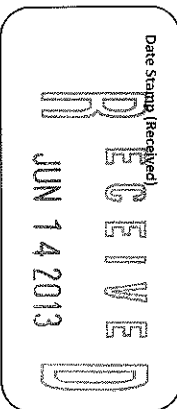
For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

| | | | | | | |
|--|--|--|--|--|---------------------------------|--|
| Issuance Information (County Use Only) | | Sanitary Number: <u>Municipal</u> | # of bedrooms: | Sanitary Date: | | |
| Permit Denied (Date): | Reason for Denial: | | | | | |
| Permit #: <u>13-00883</u> | Permit Date: <u>8-1-13</u> | | | | | |
| Is Parcel a Sub-Standard Lot | <input type="checkbox"/> Yes (Deed of Record) | <input checked="" type="checkbox"/> No | Mitigation Required | <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Affidavit Required | <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Is Parcel in Common Ownership | <input checked="" type="checkbox"/> Yes (fused/Contiguous lot(s)) | <input checked="" type="checkbox"/> No | Mitigation Attached | <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Affidavit Attached | <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Is Structure Non-Conforming | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | | | | |
| Granted by Variance (B.O.A.) | Case #: <u>N/A</u> | Previously Granted by Variance (B.O.A.) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Case #: <u>N/A</u> | | |
| Was Parcel Legally Created | <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Were Property Lines Represented by Owner | <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Was Proposed Building Site Delineated | <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Was Property Surveyed | <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Inspection Record: | | | | | | |
| Date of Inspection: <u>7-31-13</u> | Inspected by: <u>Don Murphy</u> | Zoning District: <u>(R1)</u> | Lakes Classification: <u>(N/A)</u> | Date of Re-Inspection: <u>N/A</u> | | |
| Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.) | | | | | | |
| <u>Buildings shall not be used for human habitation.</u> | | | | | | |
| Signature of Inspector: | | | | | Date of Approval: <u>8-1-13</u> | |
| Hold For Sanitary: <input type="checkbox"/> | Hold For TBA: <input type="checkbox"/> | Hold For Affidavit: <input type="checkbox"/> | Hold For Fees: <input type="checkbox"/> | | | |

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
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Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN



Permit #: 13-0007
Date: 8-1-13
Amount Paid: \$1,185 7-23-13
Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT BY BAYFIELD CO. ZONING DEPT.

APPLICANT (visit our website www.bayfieldcounty.org/zoning.asp)

TYPE OF PERMIT REQUESTED: ☒ LAND USE ☐ SANITARY ☐ PRIVY ☐ CONDITIONAL USE ☒ SPECIAL USE ☐ B.O.A. ☐ OTHER

Owner's Name: Board of Port Coveg Mailing Address: 8330 GAUPEA Port Coveg WI Telephone: 715-774-7824

Address of Property: GAUPEA/POULP WOOD AVE City/State/Zip: PORT WISCONSIN 54865 Cell Phone:

Contractor: GRUEER BUILDERS INC. Contractor Phone: 715-878-3069 Plumber: SANDHAR DSI Plumber Phone:

Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone: 715-488-0330 Agent Mailing Address (include City/State/Zip): 803 LAKE HATTE R. WI Written Authorization Attached: ☒ Yes ☐ No

PROJECT LOCATION: THURST TOWNST Legal Description: (Use Tax Statement) PLN: 123 (digs) 04-0410-02-50-08-09-1000-175 20000 Recorded Document: (i.e. Property Ownership) Volume 1107 Page(s) 208

Section 2A, Township 50 N, Range 28 W Town of: Port WISCONSIN

☐ Shoreland ☒ Non-Shoreland

☐ Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or landward side of Floodplain? ☐ If yes---continue -->

☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage ☐ If yes---continue -->

Distance Structure is from Shoreline: 1346 feet ☐ Yes ☐ No

Distance Structure is from Shoreline: 197 feet ☐ Yes ☐ No

Are Wetlands Present? ☐ Yes ☐ No

| Value at Time of Completion * include donated time & material | Project (What are you applying for) | # of Stories and/or Basement | Use | # of bedrooms | What Type of Sewer/Sanitary System is on the property? | Water |
|--|--|---|--|----------------------------|---|--|
| \$ <u>450,000</u> | <input checked="" type="checkbox"/> New Construction | <input checked="" type="checkbox"/> 1-Story | <input checked="" type="checkbox"/> Seasonal | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> Municipal/City | <input checked="" type="checkbox"/> City |
| | <input type="checkbox"/> Addition/Alteration | <input type="checkbox"/> 1-Story + Loft | <input checked="" type="checkbox"/> Year Round | <input type="checkbox"/> 2 | <input type="checkbox"/> (New) Sanitary | <input type="checkbox"/> Well |
| | <input type="checkbox"/> Conversion | <input type="checkbox"/> 2-Story | <input type="checkbox"/> | <input type="checkbox"/> 3 | <input type="checkbox"/> Sanitary (Exists) Specify Type: _____ | <input type="checkbox"/> |
| | <input type="checkbox"/> Relocate (existing bldg) | <input type="checkbox"/> Basement | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon) | <input type="checkbox"/> |
| | <input type="checkbox"/> Run a Business on Property | <input type="checkbox"/> No Basement | <input checked="" type="checkbox"/> Foundation | <input type="checkbox"/> | <input type="checkbox"/> Portable (w/service contract) | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Compost Toilet | <input type="checkbox"/> |
| | | | <u>SLAB</u> | | <input type="checkbox"/> None | |

Existing Structure: (if permit being applied for is relevant to it) Length: 80 Width: 80 Height: 25'

Proposed Construction: Length: _____ Width: _____ Height: _____

| Proposed Use | Proposed Structure | Dimensions | Square Footage |
|---|--|--------------------|----------------|
| <input checked="" type="checkbox"/> Principal Structure (first structure on property) | <input type="checkbox"/> <u>RESIDENCE</u> (i.e. cabin, hunting shack, etc.) <u>BUILDING (FIRE HALL)</u> | (<u>80 X 85</u>) | <u>4400</u> |
| <input type="checkbox"/> Residential Use | with <u>2nd</u> <u>OFFICE/MEETING</u> | (<u>24 X 48</u>) | <u>1152</u> |
| | with a Porch | (<u>X</u>) | |
| | with (2 nd) Deck | (<u>X</u>) | |
| | with a Deck | (<u>X</u>) | |
| | with (2 nd) Deck | (<u>X</u>) | |
| <input checked="" type="checkbox"/> Commercial Use | with Attached Garage | (<u>X</u>) | |
| | Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities) | (<u>X</u>) | |
| | Mobile Home (manufactured date) _____ | (<u>X</u>) | |
| | Addition/Alteration (specify) _____ | (<u>X</u>) | |
| | Accessory Building (specify) _____ | (<u>X</u>) | |
| | Accessory Building Addition/Alteration (specify) _____ | (<u>X</u>) | |
| | Special Use: (explain) <u>FIRE HALL</u> | (<u>X</u>) | |
| | Conditional Use: (explain) _____ | (<u>X</u>) | |
| | Other: (explain) _____ | (<u>X</u>) | |

Rec'd for Issuance AUG 01 2013

Secretarial Staff

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): _____ Date: _____

(if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: Chris Thoma Date: 6-14-13

(if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit _____ Attach Copy of Tax Statement If you recently purchased the property send your Recorded Deed

Below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
(2) Show / Indicate: North (N) on Plot Plan
(3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
(4) Show: All Existing Structures on your Property
(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%

SEE ATTACHED PLANS

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

| Description | Measurement | Description | Measurement |
|---|------------------|--|---------------|
| Setback from the Centerline of Platted Road | NA Feet | Setback from the Lake (ordinary high-water mark) | NA Feet |
| Setback from the Established Right-of-Way | 10' N 10' S Feet | Setback from the River, Stream, Creek | NA Feet |
| Setback from the North Lot Line | 10' Feet | Setback from the Bank or Bluff | NA Feet |
| Setback from the South Lot Line | 10' Feet | Setback from Wetland | NA Feet |
| Setback from the West Lot Line | 150 Feet | Setback from 20% Slope Area | NA Feet |
| Setback from the East Lot Line | Feet | Elevation of Floodplain | NA Feet |
| Setback to Septic Tank or Holding Tank | Feet | Setback to Well | City 420 Feet |
| Setback to Drain Field | Feet | | |
| Setback to Privy (Portable, Composting) | City Feet | | |

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.
Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

| | | | | |
|---|--|---|--|--|
| Issuance Information (County Use Only) | | Sanitary Number: CITY | # of bedrooms: | Sanitary Date: |
| Permit Denied (Date): | | Reason for Denial: | | |
| Permit #: 13-0007 | | Permit Date: 8-1-13 | | |
| Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes (Deed of Record) <input checked="" type="checkbox"/> Yes (Fused/Contiguous Lots) <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Case #: NA | Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Was Parcel Legally Created Was Proposed Building Site Delineated | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Were Property Lines Represented by Owner Was Property Surveyed | |
| Inspection Record: Building site staked out by owner and appears to identify a Code Compliant location. OK to issue LUP permit. | | Zoning District (R4) Lakes Classification () | | |
| Date of Inspection: 7/16/2013 | | Inspected by: Robert Schirmer | | |
| Condition(s): Town, Committee or Board Conditions Attached? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (If No they need to be attached.) | | | | |
| Structure must be set back 10' from alley. If alley is vacated by Town of Port Union and structure is relocated a Revised Plot Plan will be required. | | | | |
| Signature of Inspector: | | Date of Approval: 7/30/2013 | | |
| Hold For Sanitary: <input checked="" type="checkbox"/> Keller | | Hold For TBA: <input type="checkbox"/> | | Hold For Affidavit: <input type="checkbox"/> |
| | | Hold For Fees: <input type="checkbox"/> | | <input type="checkbox"/> |

New Fire Hall Location

